



LAB PVT. LTD.

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER As per Merchant shipping (Medical Examination) Rules, 2000 and ISM/STCW code 1/9 and ILO convention 147

Name: ANANDAN PREMKUMAR

Date of Birth: 09/09/1991

Sex: Male

Vessel: PROPEL PROGRESS

PP/CDC No: J4039666/MUM187687 Type:

RMC No.: 19855 Rank: 2ND OFFICER

Home Address: No.37/14, Othawadai Street, Nammalwarpet, Chennai – 12.

Route:

Fissure/Fistula/Piles

Company Name & Address: VS MARINE PVT LTD

| MEDICAL | HISTORY |
|---------|---------|
| | |

Please answer the following to the best of your knowledge

| Is there any past / present history of any of | Candi | dates | Eva | miners | I lease allswer the following | | | our knov | vieage |
|---|-------|----------|-----|----------|---|-------|----------|----------|----------|
| the following | | ration | | cord | Is there any past / present history of any of the | | idates | Exam | iners |
| | Yes | No | Yes | | following | Decla | ration | Rece | ord |
| Severe one-sided headache (Migraine) | | 110 | 105 | No | | Yes | No | Yes | No |
| Head injury / Concussion / Loss of memory | | · · | | V | Hernia / Hydrocele / Appendicitis | | V | | 1 |
| Fits / Epilepsy / Dizziness / Fainting | | | | V | High / Low Blood pressure / Heart disease | | 1 | | 1 |
| Eye / Vision Problems (Glasses, etc) | | | | ✓ | Asthma / Bronchitis / Tuberculosis | | 1 | | |
| Hearing impairment | | | | ✓ | Allergy / Skin Disease | | _ | | - |
| Ear / Nose / Throat problems | | | | ✓ | Infection / Contagious Disease | | / | | - |
| Stomach / Bowel disorders | | ✓ | | ✓ | Addiction to Alcohol / Drugs / Tobacco | | | | |
| Jaundice / Liver disease | | ✓ | | ✓ | Fracture / Dislocation / Injury / Amputation | | - | | - |
| Dilar (Variante) | | ✓ | | 1 | Major / Minor operation | | · · | | |
| Piles / Varicose veins | | V | | _ | Diabetes Mellitus | | · · | | |
| Blood Disorder | | ✓ | | 1 | | | V | | / |
| ile Disorder | | / | | 1 | Nervous / Mental disease / Sleep disorder | | / | | ✓ |
| Notes | | _ | | | Malignant disease (Cancer) | | ✓ | | 1 |
| MEDICAL EXAMINATION | | | | • | Signed off on medical grounds / Declared Unfit | | 1 | | ✓ |

| Height (Cms) | Weight (Kgs) | Chest lnsp-Exp | Blood pressu | re in mm of Hg | Pulse Beats / mi | in | | Resp | Rate / n | nin | | General Cor | dition |
|--------------------|-----------------|-------------------|--------------|----------------|------------------|--------|----------|-----------|----------|------------|-----------|-------------|----------|
| 159 | 71 | 97-102 | 120/78 | 8 mmHg | 76 min | \neg | | | 16 | | | | |
| Distant Vision | Unco | rrected | | rected | Hearing | -+ | Morr | mal Voice | | | | Norma | |
| Right Eye | 6/6 | (1.0) | | | Right Ear | - | NOH | | | | Whispered | | |
| Left Eye | 6/9 | (0.7) | | | | + | | | Metres | | •) | 2 Metre | S |
| | Ishihara | | Normal | Abnamual | Left Ear | ٠. | | | Metres | | | 2 Metre | s |
| Colour Vision | Other | | Normal | Abnormal | Audiometry | - | Hz | 500 | 1000 | 2000 | 3000 | 4000 | 5000 |
| Field of Vision | | | Normai | Abnormal | Right Ear | + | B | ✓ | ✓ | ✓ | 1 | | 1 |
| SYSTEMIC EX. | AMINATION | | | | Left Ear | d | B | ✓ | ✓ | ✓ | / | / | / |
| Head & Neck | MINATION | | Normal | Abnormal | N | lotes | <u> </u> | | | - | | Normal | Abnormal |
| Eves | | | | | | | | | Resi | oiratory s | vstem | / | Adilomai |
| | | - | | ✓ | | | | | | | ar system | | |
| Ear / Nose / Throa | | | ✓ | | | | | | | Abdomer | | · · | |
| Teeth / Oral Cavit | | | ✓ | | | | | | | | | · · | |
| Musculo-Skeletal | system | | ✓ | | | | | | | | ry system | ✓ | |
| Nervous system | 22 | | / | | , | | | | Othe | | | ✓ | |
| Reflexes | | | | | | | | | | nia / Hydi | | ✓ | |
| Skin | | | | | | | | | Vari | cose Veir | ns | ✓ | |

INVESTIGATIONS

| Blood | Result | Normal Values | Urine | |
|--|-------------------|-------------------------------|------------------|-------------|
| H-Toglobin | 16.2 | 12 – 18 gm% | Colour | Result |
| WBC Count | 8900 | | | Pale yellow |
| And if a substance is a substance in the | | 4000 – 11000 cu. Mm | Specific Gravity | 1.010 |
| | Eosp 03 % Ba 00 9 | | pН | 6.5 |
| Blood Group: O Positive | | asite: No blood parasite seen | Sugar | Nil |
| ESR | 02/05 | 1 − 15 mm/r | Albumin | Nil |
| Blood Glucose | 79 | 80 - 140 mg/dl | Bile Salts | Absent |
| \$.Cholesterol | 180 | < 200 mg/dl | Bile Pigments | |
| S. Triglycerides | 144 | < 150mg/dl | Occult Blood | Negative |
| HIV I & II (Elisa) | Negative | | RBC Cells | Nil |
| HbsAg (Elisa) | Negative | | Leucocytes | Nil |
| CV (Elisa) | Negative | | Others | 2-32 |
| DRI. | Non Reactive | | | N(巴) |
| DKL. | Non Reactive | | Drug of Abuse | Negalive |
| -Ray Chest | | | | 14/50 |
| -Kay Chest | Normal | Study | FCG · | |

Within Normal Limits

RESULT OF MEDICAL EXAMINATION

On the basis of the examiner's history, clinical examination and diagnostic tests. I, Dr.T.Ramesh Kumar, hereby declare the examines medically UNFIT TEMPORARILY-UNFIT PERMANENTLY UNFIT Should be re-examined in Remarks / Recommendations:

Dr. T.Ramesh Kumar, M.D., certify that all information required under annexure E & F of MS (Medical Examination) Rules, 2000 are incorporated in this Medical ertificate. This certificate is valid till two years from the date of issue Office Stamp

Candidate's Signature

Doctor's Signature

DR. T. RAMESH KUMAR MBBS., D.C.H., M.D (GM), Reg. No. 7-NT (8) / 2013-II

New No: 45, Old No: 22, 1st Main Road, C.I.T Nagar, Nandanam, (Off South usman Road, D. Nagar) points after 5 octor Ph: 044 - 4211 0215, Telefax: 044- 4211 0251, E-mail : rajmedicare4u@yahoo.co.in / contact@rajmedicare.in

[External Quality control by AIIMS (New Delhi) and CMC Vellore1

| SURNAME : ANANDAN DATE OF BIRTH: DAY 09 MONTH 09 YEAR 1991 CITY: CHENNAI COUNTRY:INDIA POSITION ON BOARD: MASTER DECK OFFICER ENGINEER OFFICER RADIO OPERATOR VISION CATERING DECLARATION OF THE AUTHORIZED PHYSICIAN VISION RIGHT EYE 6/6(1.0) LEFT EYE 6/9 (0.7) LEFT EYE COnfirmation that identification documents were checked at the point of examination: YES NO NOT APLICABLE Unaided hearing satisfactory? YES NO NOT APLICABLE Vision NOT APLICABLE Colour vision meets standards in STCW Code, Section A-1/9? YES NO Colour vision test: (Year)2017 Are glasses or contact lenses necessary to meet the required very six years) Date of the last colur vision test: (Year)2017 Are glasses or contact lenses necessary to meet the required very contact lenses necessary to meet the required very exist and and so not prescription or prescription medication? YES NO Is applicant taking any non-prescription or prescription medication? YES NO Is applicant taking any non-prescription or prescription medication? YES NO Is applicant taking any non-prescription or prescription medication? YES NO Is applicant taking any non-prescription or prescription medication? YES NO Is applicant taking any non-prescription or prescription medication? YES NO Is applicant taking any non-prescription or prescription medication? YES NO Is applicant taking any non-prescription or prescription medication? YES NO Is applicant taking any non-prescription or prescription medication? YES NO Is applicant taking any non-prescription or prescription medication? YES NO Is applicant taking any non-prescription or prescription medication? YES NO Is applicant taking any non-prescription or prescription or bear or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES NO Is applicant taking any non-prescription or prescription or board? YES NO Is applicant taking any non-prescription or prescription or board? YES NO Is applicant taking any non-prescription or prescription or board? YES NO Is applicant | | MEDIC | AL CERTIFIC | CATE FO REPUBI | R PERSONNE LIC OF PANAM | L SERVICE C |)N BO | JAKU |
|--|--|--|--|--|---|-----------------------------|--------------------|------------------------|
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| Able for watchkeeping? YES NO Service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES NO NO NO Service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES NO | | | | equired vis | ion standards? | YES 🗍 | NO | |
| Is applicant taking any non-prescription or prescription medication? YES \(\subseteq \text{NO} \) Is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarers unfit for such service or to endanger the health of other persons on board? YES \(\subseteq \text{NO} \) | THE PROPERTY OF THE PROPERTY O | | | | | | | |
| Is the scafarer free from any medical condition likely to be aggravated by service at sea or to render the scafarers unfit for such service or to endanger the health of other persons on board? YES NO | Accession in the contract of t | | | ion medica | tion ? YES 🗍 | NO I | | |
| Hereby I declare that I am in knowledge of the contents of the Physical Examination. | Is the scafarer fr | ree from any medical o | condition likely | to be aggra | avated by service | e at sea or to re | ender t | the seafarers unfit |
| Signature of Applicant ANANDAN PREMKUMAR Name of Applicant Name of Applicant Date CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT-FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEER-OFFICER / CATERING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS: | Signature of A | pplicant PIATE CHOICE: (HE / | ANAND Na SHE) IS FOUN | AN PREMI | KUMAR cant FIT / NOT FIT) I | FOR DUTY AS A | A (MAS | Date STER / DECK |
| RAMMA | | | | | | RAN | V La January | Tab Lab |
| FIT | | | | | | (A) | FI | T |
| NAME AND DEGREE OF PHYSICIAN: <u>DR.T.RAMESH KUMAR,M.D.</u> , ADDRESS: <u>CHENNAI RAJMEDICARE LAB PVT LTD</u> , New No.45,Old No.22,1st Main Road,C.I.T Nagar,Nandanam,Chennai-35 NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: <u>TAMILNADU MEDICAL COUNCIL</u> DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 16/04/1990 | ADDRESS: CHES NAME OF PHYS | <u>NNAI RAJMEDICARE LA</u> ICIAN'S CERTIFICATI | B PVT LTD, New NG AUTHORITY | No.45,Old I Y: <u>TAMILN</u> /1990 | No.22,1st Main Ro ADU MEDICAL | ad,C.I.T Nagar,N COUNCIL | andana | AT-35 am,Chennai-35 |
| SINGATURE OF PHYSICIAN: DR. T. RAMESH KUMAR MBBS., D.C.H., M.D (GM), DATE: 17/10/2013 | SINGATURE OF | PHYSICIAN: | | | | | | DATE: 17/10/0017 |
| Reg. No. 7-NT (8) / 2013-II | | | | | | | | DATE: 17/10/2017 |
| EXPIRY DATE OF CERTIFICATE: 16/10/2019 DG Shipping Panel Doctor | EXPIRY DATE O | F CERTIFICATE: 16/ | 10/2019 | | | | | |
| This certificate is isued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006. | | Thi of the STCW Conu | s certificate is isue vention, 1978, as c | ed in compl amended a | ance with the rech and the Moritime Lo | wentents bour Convention | , 2006. | |
| F-ALM-012 Rev.05 | | | | | Zelo Zelo | | F | |
| Page 1 de 1 | | | | | CHENN | A1-33 | | Page 1 de 1 |
| | 1 | W | | | | | | Date: 13/03/2013 |

MEDICAL FITNESS CERTIFICATE

FOR EMPLOYMENT AT SEA

This medical certificate is issued on Medical Examination done in accordance with STCW regulation 1/9 or ILO-147(1976)
ILO Marine Labour Convention 2006 (MLC 2006)

| | SURNAME | FI | RST NAME | 1 | MIDDLE NAM | /IE |
|---|---|--|--|--|---------------|---|
| NANDAN | | PREM KUN | MAR | | | *************************************** |
| ATE OF BI | RTH | | | MALE | FE | MALE |
| 09 | 09 1991 | | | / | | - |
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| | Engine: | Ratings: | Oth | er (Specify): 2ND | OFFICER | |
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| 0.37/14, | Othawadai Str | eet, Nammalwarpet | , Chennai – 12. | | - | |
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| INDIAN | The best of the set of Community of the Section of the Section of the Section | | | | / MUM1876 | |
| HEARING | SIGHT | s satisfactory for du | • | vision: FIT FOR | LOOK-OUT | DUTIES: |
| Normal | Power + | Defe | ctive: Yes | No | Yes | No |
| FIT For en | nployment at se | a ns (if any): | | UNFIT F | or employme | nt at sea |
| | ž. | | | | | |
| | ertificate's Da | te of Examination: | | Medical Certific | rate's Date o | f Expiration |
| | ertificate's Da | te of Examination: | | Medical Certific | cate's Date o | f Expiration 2019 |
| Medical C | 10 | | the content of th | e Medical Exami | 10 | 2019 |
| Medical C 17 | 10 | 2017 we been advised to | the content of th | e Medical Exami | 10 | 2019 |
| Medical C 17 | 10 | 2017 we been advised to | the content of th | 16 | 10 | 2019 |
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| Medical C 17 I acknowl CANDIDA | s signature: | ZO17 The been advised to the RE: The RAMESH BBS., D.C.H., M.I. a. No. 7-NT (8) / 3 Shipping Panel Dr.T. S., D.C.H., M.D.(6) | KUMAR D (GM), 2013-II I Doctor .RAMESH KU | e Medical Examination of the Medical Examination | nation Form | 2019 |
| Medical C 17 I acknowl CANDIDA | s SIGNATURE: | RE: RAMESH BBS., D.C.H., M.I. Shipping Pane Dr.T. S., D.C.H., M.D.(6) HENNAI RAJ | KUMAR D (GM), 2013-II I Doctor RAMESH KU Gen Med), Diplo MEDICARI Road, C.I.T.Naga | JMAR oma in Diabetol r, Nandanam, Ch | nation Form | 2019 |
| Medical C 17 I acknowl CANDIDA' DOCTOR' | s SIGNATURE: M.B.B. C) New No.45, C | RE: RAMESH BBS., D.C.H., M.I. Shipping Pane Dr.T. S., D.C.H., M.D.(6) HENNAI RAJ | KUMAR D (GM), 2013-II I Doctor RAMESH KU Gen Med), Diplo MEDICARI Road, C.I.T.Naga | JMAR oma in Diabetol r, Nandanam, Ch | nation Form | 2019 |

CHENNAI RAJMEDICARE LAB PVT LTD

New No.45, Old No.22, 1st Main Road, C.I.T.Nagar, Nandanam, Chennai - 600035. Tel: 044-42110215, Telefax: 044-42110251.

Email: rajmedicare4u@yahoo.co.in / contact@rajmedicare.in

URL: http://rajmedicare.in

SEAFARER'S MEDICAL EXAMINATION CERTIFICATE

Issued in Compliance with STCW code Section A-1/9 and the Maritime Labor Convention 2006, Regulation 1.2

| FARAULY MARKET COMMENTS OF THE STATE OF THE | | | MIDDLE NAT | |
|---|-----------------------------|---|---------------------------------------|---------------------------|
| FAMILY NAME: ANANDAN | FIRST NAME:PREMKUI | | MIDDLE NAI | |
| Gender: Male■ Female □ | Date of Birth:09/09/ | 1991 | · · | 7 5 |
| Civil Status: Single□ Married □ | Nationality: INDIAN | 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | |
| Passport:J4039666 | Seamen Book:MUM | 187687 | | |
| Rank: 2 ND OFFICER | Company: Pacific Int | ernational Line | es (Pte) Ltd | A |
| Fit to perform duties at sea: | □ No | If No, please spec | ify below: | 1 |
| Any restriction (s): | □ Yes | If Yes, please spec | 10 |) <u>\$</u> |
| | | | | Fit For Ldok Out Duties: |
| Satisfactory Hearing | Satisfactory Sight: | | Colour Vision-Satisfactory: | Fit For Look Out Duties: |
| Yes ONO Not Applicable | | No 🗆 | ■ Yes □ No | Yes■ No □ |
| — Not Applicable | Aided: Yes | No ■ | | |
| Visual Aids: (if worn) | Glasses | | ☐ Contact Lenses | |
| Official Stamp | Identity of the Seafarer v | erified | | Yes ■ No □ |
| | | | in STCW Code Section A- 1/9 | Yes No |
| | Unaided hearing satisfac | | * * * * * * * * * * * * * * * * * * * | Yes No 🗆 |
| | Visual acuity is satisfacto | ry / meets the stan | dards in STCW Code Section A-: | 1/9 Yes 📕 No 🗌 |
| | Color vision is satisfactor | y / meets the stand | lards in STCW Code Section A-1 | /9 Yes 📕 No 🗌 |
| | | | | |
| | Date of Last color vision | | | |
| NIMEDICARE | The seafarer is not suffer | | | |
| Ni Paris | Or to endanger the healt | | e seafarer unfit for such service | |
| A RAIMEDICARE LAB | or to changer the heart | II of other bessons | on board | Yes 🖪 No 🗌 |
| | 7-170-7 | DAMEGL | LVIIMAD | |
| *CHENDIAL35* | Name and Signature of E | xamining Aprinoriza | ed Medical Practitioner | |
| Duly approved by director General of Shipping India | | S., D.C.H., I | , , , | |
| Licence number: | | No. 7-NT (8 | , | |
| | DG S | hipping Par | nel Doctor | , , |
| thereby sutherize the release of all my and in | 11 | | | |
| I hereby authorize the release of all my medica undersigned medical practitioners. Company | records to the manning ag | ent, my employer | Pacific International Lines (Ptd) | Ltd., Singapore, and, the |
| Seafarer's Signature: | Treat medical re | port as 'Confidenti | al'. | |
| | · | | | Date: <u>17/10/2017</u> |
| Date of Examination | , | Date of Evaluation | f prove | |
| (Day/month/year) 17/10/2017 | , | (Day/month/wasa) | of PEME Certificate: | |
| Date:17/10/2017 | | (Day/month/year) | 16/10/2019 | |
| | | | | |
| In Accordance with Medical Fx | amination (Confirm) C | | | |

In Accordance with Medical Examination (Seafarers) Convention 1946 (ILO No.73 and WHO). STCW 1995 /2010 as amended
This Certificate does not cover diseases that would require special procedures and examinations for their detection such as bronchiectasis that requires
bronchography, peptic ulcer/gall bladder diseases that require Chole GI Series/ultrasound, certain kidney problems that require IVP/ultrasound, diseases that are
asymptomatic at the time of examination (including pregnancy and psychological conditions) and any pre-existing illnesses.

description of the second

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Mr. ANANDAN PREMKUMAR

(Seafarer's Last name, First name and Middle name)

J4039666 / MUM187687

(Number of: CDC / Passport / other valid identification document – with type of doc

has been examined by Dr. T. RAMESH KUMAR, M.D.,

(Name of Medical Examiner)

and has been found fit for service at sea in the job of 2^{ND} OFFICER

- (a) The hearing and sight of the seafarer concerned, and the colour vision in the case of a seafarer to be employed in capacities where fitness for the work to be performed is liable to be affected by defective colour vision, are all satisfactory; and
- (b) The seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service ot to endanger the health of other persons on board.
- (c) The scafarer complies with the requirements specified in Table A-1/9 of STCW Code (i.e. Minimum in service eyesight standards for seafarers), Table B-1/9 of the STCW Code (i.e. Assessment of minimum entry level and in-service physical abilities for seafarers) and Regulation 1.2, Standard A-1.2 & Guideline B-1.2 of the Maritime Labour Convention 2006.

17/10/2017 Chennai Date & Piace of Medical Examination)

19855

(Serial number of the Certificate)

Pack

(Signature of the Medical Examiner)

CHENNAI RAJMEDICARE LAB PVT LTD New No.45, Old No.22, 1st Main Road, C.I.T. Nagar, Nandanam, Chennai - 600035.

rameshkumar4v@yahoo.co.in +91 9841074668

(Address with E-mail ID & Contact No. DR. T. RAMESHOKNIGHExaminer) MBBS., D.C.H., M.D (GM),

keg. No. 7-NT (8) / 2013-II DG Shipping Panel Doctor

Official Stamp of the Medical Examiner

This Certificate expires on * 16/10/2019 (Day, Month, Year)*

(*Nest more than 2 years from the date of issue, unless the scafarers is under the age of 18, in which case the maximum period of validity of the Medical Certificate shall be 1 year).

If the period of validity of the medical certificate expires in the course of voyage, the medical certificate shall continue in force until the next port of call where an approved Medical Examiner is available and the seafarer can obtain a medical certificate, provided that period of such extension shall not exceed 3 months.

SIGHT TEST CERTIFICATE

New Entry*/Periodic*

Reference No.

19855

Full Name

MR. ANANDAN PREMKUMAR

Rank

2ND OFFICER

PP/CDC/ID No.

J4039666 / MUM187687

Date & Place of Birth

09/09/1991 & CHENNAI

Colour of Eyes

BLACK

Identification Notes



| | | Right Eye | Left Eye | Both Eyes | Aval-Result |
|-----------------|-----------------|-----------|----------|-----------|-------------|
| Distance Vision | Unaided | 6/6 | 6/9 | 6/6 | Power + |
| Distance Vision | Aided | | | | 1000 |
| Near Vision | Unaided | N/5 | N/5 | N/5 | Normal |
| real vision | Aided | | 41 TF | K 3 K | 1101111111 |
| Field of Vision | Horizontal Plan | Normal | Normal | Normal | Normal |
| Field of Vision | Vertical Plan | Normal | Normal | Normal | Normai |
| Colour Vision | Ishihara | | Normal | | Normal |
| Colour Vision | Lantern/Others | | | | Normai |

I, Dr. T. RAMESH KUMAR, M.D., hereby certify that the above mentioned candidate

has met/not*, the eye sight standard for his/her designated rank/ position as set out in Annex-II*/ Annex-III* for seafaring occupation.

Candidate's Signature

Date 17/10/2017 at CHENNAI

Per

Signature of the Medical Examiner
RAMESH KUMAR

MBBS., D.C.H., M.D (GM), Reg. No. 7-NT (8) / 2013-II DG Shipping Panel Doctor

Note:

- 1) This certificate is valid for two years from the above date. New entry sight test certificates should be retained by the candidate till his active sea career.
- 2) Seafarer aggrieved by the decision of the Medical Examiner may appeal as per the provision of the M.S. (Medical Examination) Rules, 2000 as amended.
 - Delete if not applicable